



YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ ² / ₁₂ _____ years.
b. Statute of limitation	_____ years.	e. Administrative need	_____ years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

Needed for reference to substantiate policy decisions

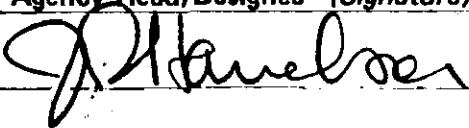


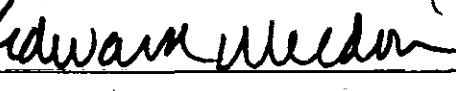

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 2 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 10 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
	1/25/83		1-25-83
		State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee	 2-22-83
		Secretary of State/Designee	 4/8/83
		Attorney General/Designee	 2-25-83

RECORDS RETENTION SCHEDULE

APPLICATION EVALUATION CHECKLIST

Series Title: Director of Administrative Services
Subject File

Agency: Natural Resources

Schedule No.: 74-4-A

Date Approved: _____

The attached application is being returned to you for further consideration, in accordance with the comments outlined below. Please let us know if we may be of any assistance to you in completing this application.

Yes No

- ☒ ☐ 1. All items completed (in accordance with established policies and procedures)
- ☐ ☒ 2. Samples attached Archives has samples in shipment on hand
- ☒ ☐ 3. Compared with previous schedules for same organizational unit
- ☒ ☐ 4. Legal references cited, when applicable
- ☒ ☐ 5. Federal retention requirements cited, when applicable
- ☒ ☐ 6. Administrative reference requirements/reference rate analyzed in terms of proposed retention requirements
- ☒ ☐ 7. Disposition provided for all copies (of series) covered by application including microfilm, computer printouts, etc.
- ☒ ☐ 8. Agency approval signatures
- ☒ ☐ 9. Is implementation of schedule feasible?
- ☒ ☐ 10. Estimated record volumes identified? see previous schedule 25 units, as of 2/7/83

Comments: Harmon Smith, Governmental Records, Archives,
requested the office change retention from permanent.
Evaluation of present shipment does not show records
to have historical value.

Evaluation completed/corrected by: M. Hader Date: 2-3-83

State Records Center review by: [Signature] Date: 2/7/83

SRC Comments: _____

Name of

Agency: Natural Resources, Dept. of

Series

Title: Director of Administrative Svs. Sub. Files

Inclusive

Dates: 1977 to Date

Cubic feet annual

Accumulation: 25

Agency's

recommended retention: Cut off at end of calendar year, hold in current files 2 years, transfer to State Records Center, hold 10 years then destroy.

Name of

Appraiser: *Harmon Smith*

Date: 2-10-82

Appraisal checklist. A yes answer indicates the series may have archival value. For each yes answer state (a) in what way and (b) to what extent the answer is yes.

Yes No

Evidential values:

- ☐ ☐ 1. Does the series authorize the conduct of the agency or one of its major programs?
- ☐ ☐ 2. Does the series prescribe the policies, regulations or procedures followed by the agency or one of its major programs?
- ☐ ☐ 3. Does the series reflect the degree of achievement of the goals of the agency or one of its major programs?
- ☐ ☐ 4. Does the series reflect the decision-making process that sets the direction of the agency or one of its major programs?
- ☐ ☐ 5. Does the series document the activities of an important agency official?
- ☐ ☐ 6. Does the series document a significant agency event or project?

Informational values:

- ☐ ☐ 7. Does the series give significant information about social, economic, political or other forces affecting a significant segment of the citizens?
- ☐ ☐ 8. Does the series document the nature and extent of a problem area faced by the citizens or show steps taken to arrive at solutions?
- ☐ ☐ 9. Does the series throw significant light on a trend or movement in the State?
- ☐ ☐ 10. Does the series give significant information about citizens who have had an impact on the State's history?
- ☐ ☐ 11. Does the series document a significant event?
- ☐ ☐ 12. Does the series contain the type information sought by Archives patrons?

General questions: Answer only if there is a yes answer above.

- ☐ ☐ 13. Is this series the best available source for this information?
- ☐ ☐ 14. Is the information contemporary and authoritative?

Appraiser's comment and recommendation. (Use reverse side if needed.)

This amendment was submitted at the request of the Governmental Records Office of the Archives. Previously these records were scheduled for permanent retention. An examination of the contents of one shipment showed me that the file does not contain the "information about the development of programs, functions, policies, goals, methods of operation, organization, and leadership of the office..." that the schedule indicated. When I talked to the division director about these files he at first insisted that the records had permanent administrative value, but later ~~changed~~ said that by "permanent" he meant at least 12 years.



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

233-17
X7

1. Application Date 12/28/73		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed JAN - 3 1974 74-4 JAN - 9 1974	
2. Agency Application No. OAS-1		3. AGENCY, Division, Subdivision & Administering Office Address Department of Natural Resources Office of Administrative Services, Room 717 270 Washington Street, S.W. Atlanta, Georgia 30334		4. Person to Contact Jim Pittman	
				5. Working Title Dir., Admin. Serv.	6. Tel. No. 656-2795
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Earliest & Latest Dates of Series 1972 - date		9. Exact Series Title DIRECTOR OF ADMINISTRATIVE SERVICES SUBJECT FILE			
10. What is the function of the office in which this record series is created? The Office of Administrative Services provides centralized administrative services for the Department in the areas of accounting, personnel, and general services which includes budgeting, purchasing, property control, records management, and general office services.					
11. This file contains the following documents. (include form numbers and titles, if any, and file arrangement). Documents relating to: the funtional areas of the Office of Administrative Services which includes accounting, personnel and general services. Included are: correspondence, memoranda, reports, news releases, and related documents necessary to establish policy and procedure for the division. File is arranged alphabetically by subject					
ATTACH SAMPLES OF THE FILE					
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	
Letter-size File Drawers				1 legal	
Legal-size File Drawers		4		Floor Space Occupied (Square Feet) 8	
				This Year's Last Year's Preceding Year's All Prior Years'	
				AVERAGE DAILY REFERENCES 3 0 0 0	

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

- | | | |
|--|-------------------------------------|-------------------------------------|
| | YES | NO |
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency?
(memorandums, correspondence, etc. in appropriate sending or receiving office) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? (see below) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept permanently.

- | | | | | | |
|--|--|---|--|--|--|
| a. <input type="checkbox"/> STATE
LAW | b. <input type="checkbox"/> STATUTE OF
LIMITATION | c. <input type="checkbox"/> AUDIT
PERIOD | d. <input type="checkbox"/> FEDERAL
LAW | e. <input type="checkbox"/> ADMINISTRATIVE
DECISION | f. <input checked="" type="checkbox"/> HISTORICAL
VALUE |
|--|--|---|--|--|--|
- (Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ~~XX~~ CALENDAR YEAR ☐ FISCAL YEAR ☐ OTHER _____, then:

- ☒ Hold in the current files area _____ month(s)/ 2 year(s):
- ☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold _____ year(s):
- ☐ Destroy.
- ☒ Transfer to State Archives for permanent retention.
- ☐ Destroy immediately after cut-off.
- ☐ Other: (Specify) _____

This record series gives substantive information about the development, programs, functions, policies, goals, methods of operation, organization, and leadership of the Office of Administrative Services and the entire Department of Natural Resources.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature) <i>John Hearn</i>	Date <i>12/19/73</i>	OTHER REQUIRED SIGNATURES	DATE
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>James J. Pittman</i>	<i>12/20/73</i>
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Ryan</i>	<i>1-7-74</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll Hart</i>	<i>1-4-74</i>
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Robert H. Steel</i>	<i>1-7-74</i>

STATE RECORDS
COMMITTEE